

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

294

Lobbyist's Registration Number

FOR OFFICE USE ONLY  
Postmark Date: 1/13/03

## Instructions

- Print in ink or type.
- Complete form and return with \$130 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire on December 31 unless a renewal is submitted between December 1 and January 31.

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1. NAME \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

2. BUSINESSPHONE \_\_\_\_\_  
Area Code and Phone Number

3. BUSINESS ADDRESS \_\_\_\_\_  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ LA \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
P. O. Box 80258 \_\_\_\_\_ Baton Rouge \_\_\_\_\_ LA \_\_\_\_\_ 70898-0258  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. EMPLOYER \_\_\_\_\_  
P. O. Ansar of Business & Industry

5. EMPLOYER'S ADDRESS \_\_\_\_\_  
P. O. Box 80258 \_\_\_\_\_ Baton Rouge \_\_\_\_\_ LA \_\_\_\_\_ 70898-0258  
Street and No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name \_\_\_\_\_  
P. O. Ansar of Business & Industry

Address \_\_\_\_\_ P. O. Box 80258 \_\_\_\_\_ Baton Rouge \_\_\_\_\_ LA \_\_\_\_\_ 70898-0258

Business or purpose \_\_\_\_\_ Economic development & quality education

Does this person pay you? \_\_\_\_\_ YES

If No, who pays you? \_\_\_\_\_

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

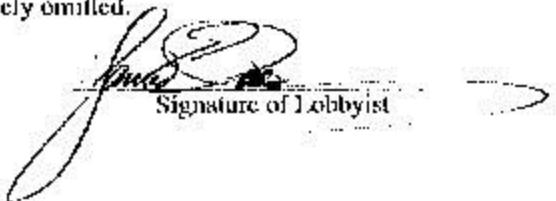
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist